

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****4686****FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00020024**2 Total pages filed:**  
18**3 CANDIDATE /  
OFFICEHOLDER  
NAME**TITLE FIRST MI  
Judge Margaret A.  
NICKNAME LAST SUFFIX  
Cooper**4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS**☐ Change of AddressADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
P.O. Box 1748 Austin TX 78767**5 CAMPAIGN  
TREASURER  
NAME**TITLE FIRST MI  
Velva L.  
NICKNAME LAST SUFFIX  
Price**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)**STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
1601 Ridgemont Drive Austin TX 78723**7 CAMPAIGN  
TREASURER  
PHONE**AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 451-0942**8 REPORT TYPE**☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)**9 PERIOD  
COVERED**Month Day Year MONTH Day Year  
7 / 1 / 00 THROUGH 9 / 29 / 00**10 ELECTION**ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☒ General  
11 / 07 / 00**11 OFFICE**OFFICE HELD (if any)  
Judge, 353rd District Court**12 OFFICE SOUGHT (if known)**

Judge, 353rd District Court

**13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

None known.

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Judge Margaret A. Cooper

15 ACCOUNT # (Ethics Commission filers)  
0002002416 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8,125.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ -

4. TOTAL POLITICAL EXPENDITURES \$ 13,213.28

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 113,460.54

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -

## 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Margaret A. Cooper*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret A. Cooper, this the 5<sup>th</sup> day of October, 2000, to certify which, witness my hand and seal of office.

*Annie Aaron*  
Signature of officer administering oath

ANNIE AARON  
Print name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)****SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 7-5-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Haynes & Boone PAC 6 Contributor address: City: State: Zip Code 901 Main Street, Ste. 3100 Dallas, TX 75202-3732	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Law Firm		10 Contributor's job title	
11 Contributor's employer/law firm Haynes & Boone		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 7-8-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janet Monteros Contributor address: City: State: Zip Code 8825 Francia Trail Austin, TX 78748	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Vista Health Care HMO		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 7-24-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brothers & Thomas, L.L.P. Contributor address: City: State: Zip Code 650 Norwood Tower 114 West 7th St. Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS (JUDICIAL)****SCHEDULE B (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B(J): <b>1</b>	
2 FILER NAME <b>Judge Margaret A. Cooper</b>		3 ACCOUNT # (Ethics Commission filers) <b>00020024</b>	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date <b>9-5-00</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Campbell</b> 7 Pledgor address; City; State; Zip Code <b>805 West 10th Street Austin, TX 78701</b>	8 Amount of pledge (\$)  <b>\$500.00</b>	9 In-kind description (if applicable)
10 Pledgor's principal occupation <b>Attorney</b>		11 Pledgor's job title	
12 Pledgor's employer/law firm <b>Campbell &amp; Morgan, P.C.</b>		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)****SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 7-24-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Germer, Gertz, Beaman & Brown, L.L.P. 6 Contributor address: City: State: Zip Code 805 Park St. Beaumont, TX 77701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Law Firm		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 8-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claude E. Ducloux Contributor address: City: State: Zip Code 3512 Native Dancer Cove Austin, TX 78746	Amount of contribution (\$) \$50.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9-19-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herring & Irwin, L.L.P. Contributor address: City: State: Zip Code 806 West Avenue Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 9-25-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda & Michael Shaunessy	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code 5800 Round Table Cove Austin, TX 78746			
9 Contributor's principal occupation Attorneys		10 Contributor's job title	
11 Contributor's employer/law firm Bickerstaff, Heath, Smilev, Pollan, Kever & McDaniel LLP		12 Law firm of contributor's spouse (if any) Office of the Attorney General	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9-25-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BM & OH Electo-PAC	Amount of contribution (\$) \$500.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701			
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm Brown McCarroll & Oakes Hartline		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9-25-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia A. English	Amount of contribution (\$) \$250.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 515 Congress Avenue Austin, TX 78701			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Noelke & English		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)****SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024	
4 Date 9-25-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wong & Wong, P.C. 6 Contributor address: City: State: Zip Code 500 West 6th Street Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Law Firm		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9-25-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Von Kreisler & Swanson, P.C. Contributor address: City: State: Zip Code 610 West Lynn Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9-25-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Dorbandt & Assoc. PLLC Contributor address: City: State: Zip Code 8303 N. Mopac Expwy., Ste. A-101 Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission files) 00020024	
4 Date 9-12-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Velva L. Price 6 Contributor address: City: State: Zip Code 1601 Ridgemont St. Austin, TX 78723	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description(if applicable) mailing labels
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Don Kothmann & Assoc.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Warren Law Firm Contributor address: City: State: Zip Code 3930 Bee Caves Road, Ste. A Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gregory L. Ceshker, P.C. Contributor address: City: State: Zip Code 400 West 15th Street, Suite 1000 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A (J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission files) 00020024	
4 Date 9-27-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Rhea & Rodman, L.L.P.	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code 2003 North Lamar, Suite 100 Austin, TX 78705			
9 Contributor's principal occupation Law Firm		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Patrick O. Keel	Amount of contribution (\$) \$250.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 1603 Westover Road Austin, TX 78703-1913			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Baker & Botts		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Sally B. Wittliff	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 1301 Kent Lane Austin, TX 78703			
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)****SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages <u>9</u> Schedule A(J):	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission files) 00020024	
4 Date 9-27-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Capitol Area Trial Lawyers Assoc. PAC 6 Contributor address: City: State: Zip Code 1220 Colorado St. Austin, TX 78701	7 Amount of contribution (\$) \$675.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Attorneys		10 Contributor's job title	
11 Contributor's employer/law firm Capitol Area Trial Lawyers Assoc.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Colbert, Freeman & Stribling Contributor address: City: State: Zip Code 400 West 14th Street, Suite 120 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harrison & Rial, L.L.P. Contributor address: City: State: Zip Code 100 Congress Avenue, Suite 1550 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Law Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)****SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): <b>9</b>	
2 FILER NAME <b>Judge Margaret A. Cooper</b>		3 ACCOUNT # (Ethics Commission filers) <b>00020024</b>	
4 Date <b>9-27-00</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>The Sharp Firm</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code <b>3701 N. Lamar, Suite 302 Austin, TX 78705</b>			
9 Contributor's principal occupation <b>Law Firm</b>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>9-29-00</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bankston &amp; Richardson, L.L.P.</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <b>400 West 15th Street, Suite 710 Austin, TX 78701</b>			
Contributor's principal occupation <b>Law Firm</b>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>9-5-00</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Campbell</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <b>805 West 10th Street Austin, TX 78701</b>			
Contributor's principal occupation <b>Attorney</b>		Contributor's job title	
Contributor's employer/law firm <b>Campbell &amp; Morgan, P.C.</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 9	
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission files) 00020024	
4 Date 9-25-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosenthal & Watson 6 Contributor address: City: State: Zip Code 1010 Land Creek Cove, Suite 200 Austin, TX 78746	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Law Firm		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9-25-00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walter J. Batla Contributor address: City: State: Zip Code 800 Brazos St., Suite 1400 Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Dodd & Batla, P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 7-7-00	5 Payee name Travis County Democratic Party ..... 6 Payee address: City: State: Zip Code P. O. Box 684263 Austin, TX 78768-4263	7 Amount (\$)  \$5,000.00
8 Purpose of payment (See instructions regarding type of information required.) GOV Coordinated Campaign		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-7-00	Payee name David Butts ..... Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$)  \$750.00
Purpose of payment (See instructions regarding type of information required.) Professional Services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-11-00	Payee name National Association of Women Judges ..... Payee address: City: State: Zip Code P. O. Box 8798 Williamsburg, VA 23187	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Annual dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-11-00	Payee name Southwestern Bell Telephone ..... Payee address: City: State: Zip Code P. O. Box 4844 Houston, TX 77097	Amount (\$)  \$26.02
Purpose of payment (See instructions regarding type of information required.) Campaign telephone service		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
6

2 FILER NAME  
Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)  
00020024

4 Date  
7-17-00

5 Payee name  
Austin AFL-CIO Council

7 Amount  
(\$)

6 Payee address; City; State; Zip Code  
P. O. Box 684644  
Austin, TX 78768-4644

\$135.00

8 Purpose of payment (See instructions regarding type of information required.)  
Event program ad

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7-17-00

Payee name  
Northwest Austin Civic Assn.

Amount  
(\$)

Payee address; City; State; Zip Code  
P. O. Box 26654  
Austin, TX 78755

\$10.00

Purpose of payment (See instructions regarding type of information required.)  
Membership dues

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7-17-00

Payee name  
Judicial Section, State Bar of Texas

Amount  
(\$)

Payee address; City; State; Zip Code  
c/o Hon. Th. Bacus  
County Courthouse  
Wichita Falls, TX 76301

\$30.00

Purpose of payment (See instructions regarding type of information required.)  
Annual dues

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7-21-00

Payee name  
Big Brothers Big Sisters

Amount  
(\$)

Payee address; City; State; Zip Code  
1400 Tillery  
Austin, TX 78721

\$25.00

Purpose of payment (See instructions regarding type of information required.)  
Donation

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 7-21-00	5 Payee name South Austin Democrats 6 Payee address: City: State: Zip Code P. O. Box 152592 Austin, TX 78715-2592	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Event sponsorship		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-5-00	Payee name Southwestern Bell Telephone Co. Payee address: City: State: Zip Code P. O. Box 4844 Houston, TX 77097	Amount (\$) \$20.38
Purpose of payment (See instructions regarding type of information required.) Campaign telephone		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-12-00	Payee name David Butts Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) Professional services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-16-00	Payee name McCallum Band Parents Assoc. Payee address: City: State: Zip Code 2701 Cascade Drive Austin, TX 78757	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Judge Margaret A. Cooper		3 ACCOUNT # (Ethics Commission filers) 00020024
4 Date 9-11-00	5 Payee name Leukemia Society 6 Payee address; City; State; Zip Code c/o Katy Kappell P. O. Box 1495 Austin, TX 78701	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Event sponsor		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-24-00	Payee name Austin Centre/Omni Hotel Garage Payee address; City; State; Zip Code 701 Brazos St. Austin, TX 78701	Amount (\$) \$11.00
Purpose of payment (See instructions regarding type of information required.) Parking for CADW event		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-12-00	Payee name Southwestern Bell Telephone Payee address; City; State; Zip Code P. O. Box 4844 Houston, TX 77097	Amount (\$) \$20.38
Purpose of payment (See instructions regarding type of information required.) Campaign telephone service		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-12-00	Payee name RBH Direct Payee address; City; State; Zip Code P. O. Box 2382 Austin, TX 78768	Amount (\$) \$4,595.00
Purpose of payment (See instructions regarding type of information required.) Event invitation & mailing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)

00020024

4 Date	5 Payee name	7 Amount (\$)
9-15-00	Robert W. Calvert American Inns of Court	
	6 Payee address: City: State: Zip Code c/o Richel Rivers 98 San Jacinto Street Austin, TX 78701	\$250.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Annual dues	

Date	Payee name	Amount (\$)
9-15-00	TCBA/AYLA Foundation	
	Payee address: City: State: Zip Code 700 Lavaca, Suite 620 Austin, TX 78701	\$75.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Program ad	

Date	Payee name	Amount (\$)
9-23-00	U.S. Postmaster	
	Payee address: City: State: Zip Code Northcross Station Austin, TX 78757	\$33.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
postage	

Date	Payee name	Amount (\$)
9-25-00	David Butts	
	Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	\$750.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Professional services	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>6</b>
2 FILER NAME <b>Judge Margaret A. Cooper</b>		3 ACCOUNT # (Ethics Commission filers) <b>00020024</b>
4 Date <b>9-26-00</b>	5 Payee name <b>Pat Crow</b> ..... 6 Payee address: City: State: Zip Code <b>1914 Patton Lane</b> <b>Austin, TX 78723</b>	7 Amount (\$)  <b>\$332.50</b>
8 Purpose of payment (See instructions regarding type of information required.)  <b>Professional Services</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name ..... Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name ..... Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name ..... Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name ..... Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G.

1

2 FILER NAME

Judge Margaret A. Cooper

3 ACCOUNT # (Ethics Commission filers)

00020024

4 Date	5 Payee name	6 Payee address: City, State, Zip Code	7 Purpose of expenditure	8 Amount (\$)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
8-24-00	Austin Centre/Omni Hotel Garage	701 Brazos Street Austin, TX 78701	Parking for CADW event	\$11.00	
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure	Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure	Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure	Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure	Amount (\$)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**ASSETS VALUED AT \$500 OR MORE****SCHEDULE M**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule M:

1

**2** FILER NAME

Judge Margaret A. Cooper

**3** ACCOUNT # (Ethics Commission filers)

00020024

**4** Description of Asset

Computer equipment

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED